

# New Hampshire School Library Media Association

## Membership Application

(Membership year runs from January through December)

Date \_\_\_\_\_ Renewal \_\_\_\_\_ New \_\_\_\_\_

Name \_\_\_\_\_

### Home Address

### Work Address

Street \_\_\_\_\_

Institution \_\_\_\_\_

Grades (if school) \_\_\_\_\_

City, State \_\_\_\_\_

Street \_\_\_\_\_

Zip Code \_\_\_\_\_

City, State \_\_\_\_\_

Phone No. \_\_\_\_\_

Zip Code \_\_\_\_\_

E-mail \_\_\_\_\_

Phone No. \_\_\_\_\_

Fax No. \_\_\_\_\_

Send NHSLMA mail to my \_\_\_\_\_ home \_\_\_\_\_ work.

\_\_\_\_\_ Do not include my name on mailing lists shared with other organizations.

Type of membership: \_\_\_\_\_ Professionals \_\_\_\_\_ \$20/one year \_\_\_\_\_ \$35/two years

\_\_\_\_\_ Others \_\_\_\_\_ \$7.50/one year \_\_\_\_\_ \$12/two years

\_\_\_\_\_ New to NH Professional ranks;  
free first year membership

\_\_\_\_\_ I am interested in volunteering for NHSLMA. Please contact me.

Make checks payable to NHSLMA and send with form to:

Joan Kurtz, NHSLMA, PO Box 448, Intervale, NH 03845